

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE – ASBESTOS CONTROL PROGRAM**

PLU #2828

ASBESTOS PROJECT NOTIFICATION Supplemental Information required when the NESHAP notification is substituted for the Form 5

When a Licensed Asbestos Business Entity (Contractor) uses the NESHAP notification form in place of Form 5 to notify the Department of an asbestos project, the following supplemental form 5A must be completed, signed by the Chief Executive Officer (original signature), and submitted along with the completed NESHAP form to the Department.

Part A - General Information

1. Location in Building where Project will occur and type of ACM in each location (i.e., basement, 2 rooms in southwest corner, floor tile; second floor, room 15, ceiling plaster)

2. Work Schedule: Check the days you will be working on this project:

M T W Th F Sat. Sun.

Work Schedule Hours: _____

**PART B
VERIFICATION FOR LICENSED OR
WAIVED BUSINESS ENTITIES**

Note: The chief executive officer of the business entity must sign the following statement. Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding.

I further verify that I will comply with all work practices and worker protection requirements of the Nebraska Asbestos Control Act and Departmental regulations.

Date

Signature of Chief Executive Officer

Print or Type Name

Title

Completed NESHAP Notification Form is not acceptable without the supplemental information requested on this page.

Form 5A